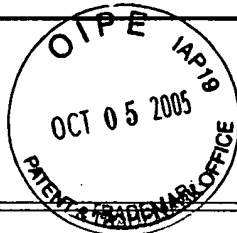
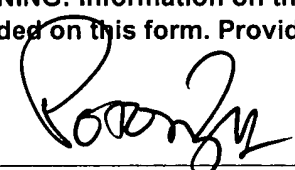
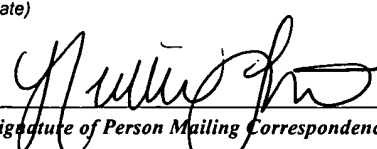


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|---|---|-------------------------------------|--|-------------------------------|---------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | | Docket No. 112740-434 | |
| Applicant(s): Alfred Hauenstein | | | | | | |
| Application No. 09/555,032 | Filing Date May 22, 2000 | Examiner Vijay B. Chawan | Customer No. 29177 | Group Art Unit 2654 | Confirmation No. 3783 | |
| Invention: METHOD AND DEVICE FOR VOICE RECOGNITION | | | | | | |
| <div style="text-align: center;">COMMISSIONER FOR PATENTS:</div> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <div style="text-align: right;"></div> | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 11 - | 20 = | 0 | x \$50.00 | \$0.00 | |
| INDEP. CLAIMS | 2 - | 3 = | 0 | x \$200.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |
| <div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818<div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div><div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038.</div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div> _____ <i>Signature</i></div> <div style="text-align: right;">Dated: October 3, 2005</div> <div>Peter Zura (Reg. No. 48,196) Customer No.: 29177</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align: center;">October 3, 2005 (Date)</p><div style="text-align: center;"> _____ <i>Signature of Person Mailing Correspondence</i></div><p style="text-align: center;">Heather Foster <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div> | | | | | | |
| CC: | | | | | | |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Alfred Hauenstein
Appl. No.: 09/555,032
Conf. No.: 3783
Filed: May 22, 2000
Title: METHOD AND DEVICE FOR VOICE RECOGNITION
Art Unit: 2654
Examiner: Vijay B. Chawan
Docket No.: 112740-434

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION

Sir:

In response to the final Office Action dated July 1, 2005, the Applicant requests reconsideration of the rejections based on the following remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.